

**State of New Hampshire  
Board of Medicine  
Concord, New Hampshire**

In the Matter of:  
**Zarina G. Memon, M.D.**  
License No.11570  
(Adjudicatory Proceedings)

Docket No. \_\_\_\_\_

**PRELIMINARY AGREEMENT FOR PRACTICE RESTRICTIONS**

The New Hampshire Board of Medicine ("NH Board") granted Zarina G. Memon, M.D., a State of New Hampshire license to practice medicine on April 3, 2002. Dr. Memon holds license number 11570. Dr. Memon is also licensed and practices anesthesiology in the Commonwealth of Massachusetts. Presently Dr. Memon resides in the Commonwealth of Massachusetts. Dr. Memon holds a specialty practice as an anesthesiologist.

Dr. Memon enters into a Preliminary Agreement with the NH Board as follows:

1. Recognizing that professional misconduct allegations are now pending against me before the NH Board and the Commonwealth of Massachusetts Board of Registration in Medicine ("Massachusetts Board"), I, Zarina G. Memon, M.D., hereby voluntarily agree to abide by certain practice restrictions during my practice of medicine in the State of New Hampshire.

2. I recognize that I have entered an agreement with the Massachusetts Board whereby I voluntarily agree not to practice medicine in Massachusetts. The Commonwealth of Massachusetts *Voluntary Agreement Not To Practice Medicine* is attached hereto and its terms and conditions are incorporated into this *Preliminary Agreement for Practice Restrictions* by reference. (See **Attachment 1.**)

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3. I agree to adopt these practice restrictions in New Hampshire and agree that this restriction shall remain in place until such time as the Massachusetts Board and the NH Board issue administratively final orders resolving the allegations of professional misconduct currently pending before the Boards. *See* NH RSA 329:18-a, 9.

4. I admit to no violations of RSA 329:18, VI or any other laws, statutes or regulations.

5. I understand that the NH Board may choose to await an administratively final order from the Massachusetts Board before acting on the pending allegation of misconduct. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations.

6. I further understand that this document shall become a permanent part of my file, and will be maintained by the NH Board as a public document.

7. I voluntarily enter into this agreement with the NH Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

**FOR RESPONDENT**

Date: Nov. 17, 2007

Zarina Memon, M.D.  
Zarina Memon, M.D.  
Respondent

*In the Matter of Zarina G. Memon, M.D.  
NH Board of Medicine  
Preliminary Agreement for Practice Restrictions*

**FOR THE BOARD**

This Preliminary Agreement is hereby accepted in accordance with the binding terms and conditions set forth above.

Date: 12/12/07

Penny Taylor  
(Signature)

PENNY TAYLOR

Name

Authorized Representative of the  
New Hampshire Board of Medicine

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

BOARD OF REGISTRATION  
IN MEDICINE

Docket No. 07-434

In the Matter of )  
)  
)

Zarina G. Memon, M.D. )  
Registration No. 150029 )  
)

**VOLUNTARY AGREEMENT NOT TO PRACTICE MEDICINE**

1. I agree to cease my practice of medicine in the Commonwealth of Massachusetts effective immediately.

2. This Agreement will remain in effect until the Board of Registration in Medicine (Board) determines that this Agreement should be modified or terminated; or until the Board takes other action against my license to practice medicine; or until the Board takes final action on the above-referenced matter.

3. I am entering this Agreement voluntarily.

4. I understand that this Agreement is a public document and may be subject to a press release.

5. I understand that this action will be reported by the Board to the Health Care Integrity and Protection Data Bank and the Federation of State Medical Boards.

6. Any violation of this Agreement shall be prima facie evidence for immediate summary suspension of my license to practice medicine.

7. I understand that by voluntarily agreeing not to practice medicine in the Commonwealth of Massachusetts pursuant to this Agreement, I do not waive my right to contest any allegations brought against me by the Board and my signature to this Agreement does not constitute any admissions on my part. Nothing contained in this Agreement shall be construed as an admission or acknowledgment by me as to wrongdoing of any kind in the practice of medicine or otherwise.

8. I agree to provide a complete copy of this Agreement, within twenty-four (24) hours of notification of the Board's acceptance of this Agreement, by certified mail, return receipt

requested, or by hand delivery to the following designated entities: any in-state or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which I practice medicine; any in-state or out-of-state health maintenance organization, with which I have privileges or any other kind of association; any state agency, in-or-out-of state, with which I have a provider contract; any in-state or out-of-state medical employer, whether or not I practice medicine there; the Drug Enforcement Administration Boston Diversion Group; the Massachusetts Department of Public Health Drug Control Program; and the state licensing boards of all states in which I have any kind of license to practice medicine. I will certify to the Board within seven (7) days that I have complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above or any other affected entity, of any action it has taken.

9. This Agreement represents the entire agreement between the parties at this time.

Zarina G. Memon, M.D.  
Zarina G. Memon, M.D.

August 13, 2007  
Date

Barbara Buell  
Barbara Buell, Esq.

8/13/07  
Date

Accepted by the Board of Registration in Medicine this 13<sup>th</sup> day of August, 2007.

Martin Crane, M.D.  
Martin Crane, M.D.  
Board Chair

Ratified by vote of the Board of Registration in Medicine this 22<sup>nd</sup> day of August, 2007.

Martin Crane, M.D.  
Martin Crane, M.D.  
Chair.

sent certified mail 8/22/07 KSB